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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
 For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Greg Sowards For Senate LLC

ADDRESS (number and street)

2916 Maese Ln



Check if different
than previously
reported. (ACC)

Las Cruces

NM

88007

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00448423

3. IS THIS REPORT

NEW
(N)

OR

AMENDED
(A)

NM

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

5. Covering Period

MM / DD / YYYY
07 / 01 / 2012MM / DD / YYYY
01 / 01 / 2012MM / DD / YYYY
01 / 01 / 2012

through

MM / DD / YYYY
09 / 30 / 2012MM / DD / YYYY
09 / 30 / 2012MM / DD / YYYY
09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELODIE JOHNSON

Signature of Treasurer

MELODIE JOHNSON

Melodie Johnson

Date

MM / DD / YYYY
10 / 15 / 2012MM / DD / YYYY
10 / 15 / 2012MM / DD / YYYY
10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
 (Revised 02/2003)